

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/02/2017
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE REHABILITATION AND NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 225 SS=D	<p>Complaint investigation #40427, #40885 and #41196 was completed on 4/10/17- 5/2/17 at Boulevard Terrace Rehabilitation and Nursing Home. No deficiencies were cited related to complaint investigation #40427 and #41196. Deficiencies were cited related to complaint investigation #40885 under 42 CFR PART 483, Requirements for Long Term Care Facilities.</p> <p>483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>483.12(a) The facility must-</p> <p>(3) Not employ or otherwise engage individuals who-</p> <p>(i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;</p> <p>(ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or</p> <p>(iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p> <p>(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.</p>	F 225			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to report an allegation of misappropriation for 1 Resident (#7) of 8</p>	F 225			

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F 225	Continued From page 2 residents reviewed. The findings included: Medical record review revealed Resident #7 was admitted to the facility on 12/19/16 with diagnoses including Acquired Absence of Right Leg below Knee, Difficulty in Walking, Muscle Weakness, Type II Diabetes Mellitus, Hypertension, Muscle Spasms and Pain of Right Leg. Review of the facility investigation dated 2/14/17 revealed in late 1/2017 CNA #1 beckoned Physical Therapist (PT) #1 into a residents room where she witnessed CNA #1 remove (3) \$100 bills from a white envelope inside the wallet of Resident #7 and then placed the envelope back in the wallet and gave it to the PT and told her to give the wallet back to Resident #7. Review of the facility investigation revealed the facility failed to report the allegation of Misappropriation to the State Agency as required. Telephone interview with the Human Resource (HR) coordinator on 4/13/17 at 7:56 AM confirmed the facility failed to report the allegation of Misappropriation to the State Agency as required.	F 225			
F 514 SS=D	483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-	F 514			

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F 514	<p>Continued From page 3</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and interview, the facility failed to maintain complete and accurate medical records for 2 residents (#2, #4) of 8 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #2 was admitted to the facility on 12/12/16 with diagnoses including Fracture left Femur, Muscle Weakness,</p>	F 514			

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F 514	<p>Continued From page 4</p> <p>Difficulty Walking, Chronic Kidney Disease, Type II Diabetes Mellitus, Dementia, Depression Disorder and Cerebrovascular Disease.</p> <p>Medical record review of a Physician's Order dated 12/30/16 revealed " ...IV [intravenous] NS [normal saline] at 125ml/hr [milliliters per hour times] 2 liters, hypovolemia."</p> <p>Medical record review of a Physician's Order dated 12/30/16 revealed no written verbal order to administer fluids by hypodermoclysis [subcutaneously hydration of fluids].</p> <p>Medical record review revealed the facility did not have a policy for hypodermoclysis in effect at the time the procedure was administered on 12/30/16 to Resident #2.</p> <p>Interview with the Director of Nursing (DON) on 4/10/17 at 2:30 PM in the conference room confirmed she failed to write the verbal order from the physician for the procedure hypodermoclysis and the facility did not have a policy in effect for the procedure hypodermoclysis on 12/30/16.</p> <p>Medical record review revealed Resident #4 was admitted to the facility on 1/13/17 with diagnoses including End Stage Renal Disease, Alzheimer's, Chronic Pain, Polyneuropathy, Anxiety, Kidney Failure, Anemia, Psychotic Disorder and Lymphedema.</p> <p>Medical record review of a Re-Admit Admission Assessment for 1/13/17 revealed the admission assessment was not done.</p> <p>Interview with the DON on 4/12/17 at 5:00 PM in her office confirmed the nurse failed to complete</p>	F 514			

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F 514	Continued From page 5 the Re-Admit Admission Assessment on 1/13/17.	F 514			